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## BIB DATA SHEET

CONFIRMATION NO. 2430

<b>SERIAL NUMBER</b> 10/560,901	<b>FILING or 371(c) DATE</b> 12/16/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 4134	<b>ATTORNEY DOCKET NO.</b> 27129U		
<b>APPLICANTS</b> Hamid Sharim, Kochav Yair, ISRAEL. <i>[Signature]</i>						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL04/00524 06/17/2004 <i>[Signature]</i> which claims benefit of 60/478,855 06/17/2003						
<b>** FOREIGN APPLICATIONS *****</b> <i>[Signature]</i>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 09/03/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NATH & ASSOCIATES 112 South West Street Alexandria, VA 22314 UNITED STATES						
<b>TITLE</b> Orthopedic clamps						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		